

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 887 Office of Registrar of Vital Statistics. Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Arthur J. Satchford
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 6 Years, 11 Months, 11 Days.
Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, Batter City
Birth Place, { State or country, and how long in the United States, if of foreign birth. } India
Duration of Residence in the City of Baltimore, Since birth
Place of Death, { Give Street and Number. } No. 130 S. Poppleton St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum
Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.
Place of Burial, Mt. Olivet Cem.
Date of Burial, July 14th 1887
{ Undertaker, J. Lewis Schaefer }
{ Place of Business, 316 N. Fremont } Address, Dr. W. Schaefer, M. D.
Chloridia Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 88 Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 3rd 1887

Full Name of Deceased, Harry Naumann { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 30 Years, Months Days.

Color, White

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, ...

Birth Place, Baltimore { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since birth

Place of Death, 154 S. Calverton St { Give Street and Number. }

Cause of Death, Premature birth 5th month { First (Primary) }
Asthma { Second (Immediate) }

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Cemetery

Date of Burial, July 4th 1887

Undertaker, John Naumann {

Place of Business, ... {

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 883 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH.

Date of Death, July 3

Full Name of Deceased, Francis Paul (Write legibly and spell correctly. If an Infant not named, give names of parents.)

Sex, Male or Female, Male (Cross out the word not required in this line.)

Age, 4 Years, 4 Months, 17 Days.

Color, White

Married, Single, Widow or Widower, Widow (Cross out the words not required in this line.)

Occupation, —

Birth Place, B. City (State or country, and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, 4 Wks

Place of Death, 719 Fort St. (Give Street and Number.)

Cause of Death, Cholera Infantum (First (Primary), Second (Immediate), Am)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphons

Date of Burial, July 4

Undertaker, B. Hark Butt all M. D.

Place of Business, 115 West Address, 815 Light Medical Attendant.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List ^{partly} back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 884 Office of Registrar of Vital Statistics. Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 3 1887
Full Name of Deceased, ^{ Write legibly and spell correctly. If an Infant not named, give names of parents. } Hugh King
Sex, Male or Female, ^{ Cross out the word not required in this line. } Male
Age, 67 Years, _____ Months, _____ Days.
Color, White
Married, Single, Widow or Widower, ^{ Cross out the words not required in this line. } Single
Occupation, Boiler Maker
Birth Place, ^{ State or country, and how long in the United States, if of foreign birth. } Ireland
Duration of Residence in the City of Baltimore, 45 years
Place of Death, ^{ Give Street and Number. } 108 S. Arlington Ave
Cause of Death, ^{ First (Primary), Second (Immediate), } Pulmonary Consumption
Duration of Last Sickness, 2 years
All the above information should be furnished by the Physician.
Place of Burial, New Cathedral
Date of Burial, July 5
{ Undertaker, J B Cook } Chas L Nicholson M. D.
Place of Business, 1003 W. Butler St Address, 707 W. Lombard St
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 885 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 2nd 1887

Full Name of Deceased, Elizabeth H. Hayden
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female
{ Cross out the word not required in this line. }

Age, 78 Years, 25 Months, 12 Days.

Color, White

Married, Single, Widow or Widower, Widow
{ Cross out the words not required in this line. }

Occupation, none

Birth Place, Maryland
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, 214th Hoffman St. (red)
{ Give Street and Number. }

Cause of Death, Ecthelioma of Womb
Exhaustion
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, July 14th 1887

Undertaker, Stewart & Nowen J. E. Claggett M. D.
Medical Attendant.

Place of Business, 215 & 217 Park Ave Address, 30 S. E. 1st St

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 880 Office of Registrar of Vital Statistics. Ward 3

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CERTIFICATE OF DEATH.

Date of Death, July 3d, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Rosina Vogler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, _____ Years, _____ Months, 9 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, _____

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City Since Birth

Duration of Residence in the City of Baltimore, _____

Place of Death, {Give Street and Number.} # 1515 E. Pratt St.

Cause of Death, {First (Primary), Second (Immediate),} Tetanus

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Quid Hill Pk. Cem.

Date of Burial, July 4, 1887

Undertaker, Samuel J. ... John H. Rehberger M. D. Medical Attendant.

Place of Business, 710 Canton St. Address, # 1709 Alice Annan

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[OVER.]

Permit No.

Ward

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

July 3 " 87

Infant of S. D. Coburn

Wall

White

✓

✓

Balto City

Life

625th Ann St

convulsions

Since birth

Place of Burial, *Galt's cemetery*

Date of Burial, July 4th 1877

(Undertaker, John Schuh

Place of Business,

Address.

Board of R
Ehler

certained, the full name, sex, age, and condition (whether married or single) of the person deceased,
J. C. Fitzpatrick Sanitary Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore. C⁴

Permit No. A 889 Office of Registrar of Vital Statistics. Ward 6

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CERTIFICATE OF DEATH.

Date of Death, July 1 - 1887

Full Name of Deceased, Clarence Perkins { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 6 Years, 6 Months, 2 Days.

Color, Caucasian

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } Paterson Block & McClellan St

Cause of Death, { First (Primary), Intoxication Second (Immediate), Convulsions }

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St. Henry Cemetery

Date of Burial, July 5 1887

{ Undertaker, William A. Dunge } W. A. Dunge M. D.

{ Place of Business, 150 East St } Address, 453 N Broadway

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A. 890

Office of Registrar of Vital Statistics.

Ward

28th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, Baltimore July 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward R. Barham

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 25 Years, 7 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Grocer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 932 Argyle Ave.

Cause of Death, { First (Primary), Second (Immediate), } Laryngeal Phthisis
Exhaustion

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 5th

{ Undertaker, George Schilling } William Britton M. D.

Medical Attendant.

{ Place of Business, Ashland Square } Address, Chase St. & Home St. Plac

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[OVER.]